

## Intervention: Policies to broaden the scope of dental hygienists' practice

Finding: Insufficient evidence to determine effectiveness

### Potential partners to undertake the intervention:

- |                                                                           |                                                            |
|---------------------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Nonprofits or local coalitions                   | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities                          | <input type="checkbox"/> Media                             |
| <input type="checkbox"/> Health care providers                            | <input type="checkbox"/> Local public health departments   |
| <input type="checkbox"/> State public health departments                  | <input checked="" type="checkbox"/> Policymakers           |
| <input type="checkbox"/> Hospitals, clinics or managed care organizations | <input type="checkbox"/> Other:                            |

### Background on the intervention:

Increasing licensed dental hygienists' scope of practice is one commonly proposed method of increasing access to oral health care. Currently, many states mandate that hygienists practice under the general or direct supervision of a dentist; other states limit the locations in which hygienists can practice. According to the Governor's Task Force on Oral Health report, dental hygienists in Wisconsin may "practice dental hygiene or perform remediable procedures as authorized by a dentist who is present in the facility or under a written or oral prescription from a dentist or in limited circumstances where a dentist is not present." Thus, in Wisconsin, as in many other states, increasing the scope of hygienists' practice will require changes to state laws and regulations that govern the settings and circumstances in which hygienists practice.

Proponents of this change assert that dental hygienists are well prepared to deliver preventive oral health care services to the public safely and effectively, independent of dental supervision. In addition, increasing flexibility for hygienists will create a larger pool of providers able to supply services in traditional safety-net settings such as public health programs, school-based programs, community clinics, and homes of individuals with disabilities.

### Findings from the systematic reviews:

There was insufficient evidence to determine effectiveness for this intervention. Practices that lack sufficient research to support effectiveness should not be confused with ineffective programs. Rather, they should be recognized as programs that have the potential to become evidence-based practices—if properly evaluated. Practitioners are encouraged to monitor the impact of these programs in their communities and report on their findings in order to build a base of knowledge sufficient to reach consensus.

### Limitations/Comments:

A number of states have amended their statutes to increase dental hygienists' scope of practice. However, there are few studies that evaluate the impact of these amendments on patients' access to care and little consensus among available studies. Although a recent American Dental Association (ADA) paper by Brown, et al. concludes that the introduction of unsupervised hygienist practice in Colorado has had very little impact on access to care, the American Dental Hygienists' Association (ADHA) disagrees.

In addition, a [recent study](#) from George Washington University's Center for Health Services Research and Policy cautions that when policy changes are necessary to allow alternative models of oral health care delivery, it may take a substantial amount of time for the dental

profession and the market to respond to these changes. In the short-term, then, policy changes do not appear to have significant impacts on the way dental professionals provide care. This study is available online at: [www.gwhealthpolicy.org/downloads/Oral\\_Health.pdf](http://www.gwhealthpolicy.org/downloads/Oral_Health.pdf).

**Additional information:**

In their article “Expanding the Physician-Substitute Concept to Oral Health Care Practitioners,” Nancy Nielsen-Thompson and Pauline Brine outline one possible role for hygienists with a newly broadened scope of practice.

**References:**

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